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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Numb r MGH 1512

First Named Inventor David T. MacLaughlin

**COMPLETE IF KNOWN**

Application Number 09 / 770,339

Filing Date January 26, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DELIVERY OF THERAPEUTIC BIOLOGICALS FROM IMPLANTABLE TISSUE MATRICES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/26/2001 as United States Application Number or PCT International

Application Number 09/770,339 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	—
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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60/178,842	01/27/2000	

[Page 1 of 2]

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MGH 1512

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name Patrea L. Pabst, Esq.; Arnall Golden &amp; Gregory, LLP

Address 2800 One Atlantic Center

Address 1201 West Peachtree Street

City Atlanta

State GA

ZIP 30309-3450

Country USA

Telephone (404) 873-8794

Fax (404) 873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name David T.  
(first and middle [if any])Family Name MacLaughlin  
or SurnameInventor's  
Signature

David T. MacLaughlin

Date 2/9/2001

Residence: City Saugus

State MA

Country USA

Citizenship US

Mailing Address 9 Danforth Avenue

Mailing Address

City Saugus

State MA

ZIP 01906

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Joseph P.  
(first and middle [if any])Family Name Vacanti  
or SurnameInventor's  
Signature

Date

Residence: City Winchester

State MA

Country USA

Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

City Winchester

State MA

ZIP 01890

Country USA

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Patricia K.		Donahoe	
Inventor's Signature		Date	
Residence: City Boston	State MA	Country USA	Citizenship US
Mailing Address 4 Longfellow Place, #3406			
Mailing Address			
City Boston	State MA	ZIP 02114	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Peter T.		Masiakos	
Inventor's Signature		Date	
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	—
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Patricia K.		Donahoe	
Inventor's Signature <i>Patricia K Donahoe, udd</i>		Date 02/09/2001	
Residence: City Boston	State MA	Country USA	Citizenship US
Mailing Address 4 Longfellow Place, #3406			
Mailing Address			
City Boston	State MA	ZIP 02114	Country USA
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Family Name or Surname MacLaughlin

Inventor's Signature

Date

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State MA

Country USA

Citizenship US

Mailing Address 9 Danforth Avenue

Mailing Address

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State MA

ZIP 01906

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Joseph P.

Family Name or Surname Vacanti

Inventor's Signature

Date

Residence: City Winchester

State MA

Country USA

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Mailing Address 14 Woodside Road

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Given Name David T. Family Name MacLaughlin  
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City Saugus State MA Country USA Citizenship US

Mailing Address 9 Danforth Avenue

Mailing Address

City Saugus State MA ZIP 01906 Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Joseph P. Family Name Vacanti  
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City Winchester State MA Country USA Citizenship US

Mailing Address 14 Woodside Road

Mailing Address

City Winchester State MA ZIP 01890 Country USA

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Country	USA	Citizenship	US
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Inventor's Signature		Date 3/17/01	
Residence: City	Boston	State	MA
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/770,339
Filing Date	January 26, 2001
First Named Inventor	David T. MacLaughlin
Group Art Unit	
Examiner Name	
Attorney Docket Number	MGH 1512

I hereby appoint:

☐ Practitioners at Customer Number  OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Patrea L. Pabst	31,284
Robert A. Hodges	41,074
Zhaoyang Li	46,872

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrea L. Pabst, Esq.; Arnall Golden & Gregory, LLP				
Address	2800 One Atlantic Center				
Address	1201 West Peachtree Street				
City	Atlanta	State	GA	Zip	30309-3450
Country	USA				
Telephone	(404) 873-8794	Fax	(404) 873-8795		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	The General Hospital Corporation	
Signature	By: David J. Glass, Ph.D.	
Date	March 13, 2001	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.